

**FULL-TIME EMPLOYEE REQUEST FOR
INITIAL FEMA QUALIFICATION SYSTEM (FQS) TITLE**

Note: Individuals applying for initial FQS titles are encouraged to become familiar with the FQS Guide and materials available at: www.fema.gov/fema-qualification-system.

The FEMA Qualification System (FQS) is a performance based system to ensure a qualified disaster workforce through experience, training, and demonstrated performance. Any permanent staff member requesting an initial FQS title must complete the attached form and send it with supporting materials to FEMA-FQS-Program@fema.dhs.gov. A description of FQS positions and their qualification requirements are available at www.fema.gov/fema-qualification-system. The Incident Workforce Management Division (IWMD) is responsible for tracking applications and forwarding them to the appropriate FQS Program for review and action.

Based on needs within the FEMA force structure and applicants' interest and experience, each FQS Program may:

- (a) Select an applicant as trainee or qualified for a non-supervisory incident management position. If selected as trainee, the applicant will be issued a Position Task Book (PTB) to complete. Selection decisions for non-supervisory FQS positions do not require action by a Qualifications Review Board (QRB) and should occur within 60 days of application receipt per the FQS Guide.
- (b) Recommend applicant for a supervisory incident management position to a QRB. The QRBs make all determinations for supervisory level incident management roles consistent with processes outlined in the FQS Guide.

Programs consider a number of factors when reviewing applicants for available positions, including:

- Number and length of deployments.
- Verification of positions held on disaster deployments.¹
- Variety of incidents worked, their size and complexity, and the number of assignments.
- Other non-FEMA experience that is equivalent to experience or skills required by FQS and outlined within PTBs.
- Completion of required training or accepted equivalency training for FQS positions. You must include justification and course information for equivalency consideration for non-FEMA courses. Course equivalency may not be used to certify employees for Type I positions.
- Incident performance evaluations (regular duty performance appraisals not applicable).

This form is how you will be presented for initial FQS qualification review and it is to your benefit to make this summary as comprehensive and easy to read as possible. You do not need to list all deployments or all positions held. You should list only experiences that are applicable to the position(s) you are requesting. Only this form and supporting materials will be used during the review process. Incomplete packages will be returned to the employee.

Applicants should submit completed packages to the email address below using the following naming convention in the subject line:

To: FEMA-FQS-Program@fema.dhs.gov

Subject: **FQS packet submission – Employee name – Position Mnemonic – Program name**

¹ Given limits within the Automated Deployment Database (ADD), the system may not accurately represent the disaster positions you have held. It is your responsibility to provide verification of the actual positions you worked. In lieu of a completed PTB, applicants may submit other verification documents such as an organization chart within an Incident Action Plan (IAP), a verification letter from disaster leadership or section chief, or an ICS 204 form with assignment indicated.

Employee Request Form for Initial FQS Title

Employee Name _____

FQS Program Name _____

Target Position(s)* for Consideration _____

Supervisor of Record Signature (required for FTEs) _____ **Date** _____

**Target positions are the highest positions for which the candidate should be considered. The candidates will automatically be considered for a subordinate position if not qualified in the target position. List more than one position if they are in different technical progressions.*

Documentation in Support of Request	<input checked="" type="checkbox"/>
Automated Deployment Database (ADD) Record F2 and Assignment History (required)	<input type="checkbox"/>
Verification of Disaster Positions Held (required)	<input type="checkbox"/>
Non-FEMA equivalent experience for position requested, description and verification (supporting)	<input type="checkbox"/>
Performance Appraisals (disaster assignments only, not regular duty FTE performance reviews)	<input type="checkbox"/>
Training Information Access System (TIAS) Records (required)	<input type="checkbox"/>
FEMA Employee Knowledge Center (FEKC) Records (required)	<input type="checkbox"/>
Other Incident Command System (ICS) Training Records (supporting)	<input type="checkbox"/>
Non-FEMA equivalent training for position requested, description and verification (supporting)	<input type="checkbox"/>
Letters of Recommendation (supporting)	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

Experience Summary

Summarize FEMA disaster experience from past five years relevant to requested target positions.

Start by listing the target position and any disasters you have supported in that specific title. Then list other positions relevant or subordinate to the target position. You must submit verification documents for each position (see above). Add rows if needed.

Position Title(s)	DR#-State	Verification document or PTB	Disaster Type	Dates	# of Days
[Title of Target Position]					
	Total #of position deployment			Total Days:	
[Title in support of Target Position]					
	Total #of position deployments:			Total Days:	
[Additional Title in support of Target Position]					
	Total #of position deployments¹⁴:			Total Days:	

Summarize equivalent Non-FEMA experience related to target position, if applicable. You must attach verification documents. Add rows if needed.

Incident Name	Incident Type	Position Title/ Organization	FQS Equivalent	Dates Deployed	Days in Position	Comments

Training Summary

Summarize training (listing course name, number, and date completed) over the past 10 years relevant to requested target positions. You must attach verification documents. Add rows if needed.

ICS Training - check courses completed						
ICS 100 <input type="checkbox"/>	ICS 200 <input type="checkbox"/>	ICS 700 <input type="checkbox"/>	ICS 800 <input type="checkbox"/>	ICS 300 <input type="checkbox"/>	ICS 400 <input type="checkbox"/>	Other <input type="checkbox"/>

FEMA Training Required by Target Position	Course #	Date Complete
Management Training	Course #	Date Complete
Non-FEMA Equivalent Training Related to Target Position	Course #	Date Complete

List up to three (3) subordinate FQS titles that are under your target position in which you feel you are qualified (see target position qualification sheet and flow chart at www.fema.gov/fema-qualification-system):

1. _____
2. _____
3. _____

Submission: Send complete package to FEMA-FQS-Program@fema.dhs.gov with the following subject line: **FQS packet submission – Employee name – Position Mnemonic** (4 letter code on PTB) – **Program name**. You may contact the same email address with any questions regarding this application. **Please note that incomplete packages will be returned to the employee.**